Statement of Organization Recipient Committee

Statement Type □ Initial
Not yet qualified □ or

☒ Amendment
List I.D. number:
# 1290041

□ Termination – See Part 5
List I.D. number:
#

Date qualified as committee
8 / 25 / 06
Date qualified as committee (if applicable)

Date of Termination

1. Committee Information

NAME OF COMMITTEE
ED SELICH FOR CITY COUNCIL, 2012

STREET ADDRESS (NO P.O. BOX)
627 BAYSIDE DRIVE
CORONA DEL MAR, CA 92625

STREET ADDRESS (IF DIFFERENT)
P.O. BOX 12671 NEWPORT BEACH, CA 92658

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE
ORANGE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
RAYMOND J. ZARTLER

STREET ADDRESS
1970 PORT PROVENCE
NEWPORT BEACH, CA 92660

CITY STATE ZIP CODE AREA CODE/PHONE
NEWPORT BEACH CA 92660 949.759.9341

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 29 JLY 2011 DATE

By
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on DATE

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on DATE

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on DATE

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

FPPC Form 410 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)